



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
245 MCKEE ROAD
DOVER, DELAWARE 19904

TO: All Offerors

FROM: Craig Fetzer
Purchasing Services Administrator

SUBJECT: Addendum to Professional Services Request for Proposal (RFP)
Contract No. DOC20025-BHVRHEALTH

**ADDENDUM #3 – January 22, 2020
CONSOLIDATED QUESTIONS & ANSWERS**

Referencing RFP Document:

Section: I

Page number: 2

Text of passage being questioned: "The proposed schedule of events..."

Question: Please confirm the anticipated date of most services will be July 1, 2020?

Answer: Vendors will be required to begin services on July 1, 2020.

Section: II

Page number: 4

Text of passage being questioned: "The Vendor selected will enter into a contract with the Delaware Department of Correction to provide correctional healthcare services."

Question: Please provide a copy of the contract and any amendments between DDOC and the current behavioral healthcare vendor.

Answer: The current behavioral health contract is available online at
http://contracts.delaware.gov/contracts_detail.asp?i=1072

Section: IV

Subsection: B

Paragraph number: 11

Page number: 8-9

Text of passage being questioned: "Vendor(s) may submit portions of a proposal considered to be confidential business information in a separate, sealed envelope labeled "Confidential Business Information" and include the specific RFP number. The envelope must contain a letter describing the

documents in the envelope, representing in good faith that the information in each document is not “public record” as defined by 29 Del. C. §10002, and briefly stating the reasons that each document meets the said definitions.”

Question: Please confirm it is also allowable in this proposal (as it was allowable in the medical RFP) to include only an electronic version of our redacted proposal on a separate USB drive?

Answer: Yes, an electronic version of a redacted proposal may be submitted on a separate USB drive.

Section: IV

Subsection: B.5

Page number: 8

Text of passage being questioned: “Prices quoted in the proposal shall remain fixed and binding on the Vendor at least through June 30, 2023. The State of Delaware reserves the right to ask for an extension of time if needed.”

Question: With the proposal price fixed and binding through June 30, 2023, would the DDOC prefer bidders modify the price sheet to reflect three individual years for the Budget Tab, or just one year that includes inflation for years 2 and 3?

Answer: The Vendor’s budget proposal should be submitted to include the annual costs for each year during the initial term to include any inflation costs for year 2 and 3.

Section: IV

Subsection: B.15

Paragraph number: 2

Page number: 11

Text of passage being questioned: “Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the Designated Contact, in writing, at least ten (10) calendar days prior to the time set for opening of the proposals.”

Question: Will the State allow at least ten (10) business days from the date answers to questions are published, to allow vendors to evaluate the information provided and incorporate it in their bids, before the proposal opening?

Answer: No.

Section: IV

Subsection: B.15.a.

Page number: 11

Text of passage being questioned: “All questions will be consolidated into a single set of responses and posted on the State’s website at www.bids.delaware.gov by the date of January 21, 2020.”

Question: To ensure timely delivery by Tuesday, January, 24, 2020, out of state vendors will be required to ship their responses by Friday, January 21, 2020, just 3 days following agency clarifications. To ensure vendors are able to submit their most competitive and accurate proposals, please confirm the Department will provide at least 5 business days following release of agency answers to allow Vendors sufficient time to modify and price their revised responses.

Answer: Refer to RFP Addendum 2 available at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N . Vendor proposals are due by 2:00 PM on January 31, 2020.

Section: IV
Subsection: B
Page number: 12-15

Question: There is a wide variance of disciplines, skill sets and program expertise within the scope of behavioral health services contemplated by the RFP and it is unlikely any one vendor is truly capable of providing best in class services/programs for all the services within that broad scope. The RFP makes it clear it is DOC's intent to serve the "best interest of the state" in a matter that is "most advantageous", for example in Section 4 (B), paragraphs 18 & 19 on page 12, and paragraph 25 (a) of that same section. Commissioner DeMatteis reiterated the importance of these services and this process at the mandatory pre-bid meeting on January 7, 2020. Consistent therewith, Section 4 (B), paragraphs 18 & 19 on page 12 of the RFP and state law enable multiple vendors for the requested services. In addition, in Sec 4(C), paragraph 2 on pages 13-14, the final two bullets also provide the review team the ability to negotiate with and/or select more than one vendor again, "in the best interest of the State." However, this is only if the Commissioner (as the agency head) "makes a determination that such an award is in the best interest of the State of Delaware" as stated in paragraph 18 on page 12. The problem is in the absence of a determination prior to the deadline for the submission of bids, vendors who are not in a position to offer all the services and programs within the broad scope of the RFP, will not be able to bid (the RFP requires all bids to offer all services) and thus the DOC will likely not have a full opportunity to properly exercise this potential multi-source vendor option. In short, will Commissioner DeMatteis (as the agency head) make a determination prior to the bid submission deadline that DOC will accept proposals for components of the services requested, so that DOC has the opportunity to fully exercise its authority to award multi-source contracts should it so desire?

Answer: Yes.

Section: IV
Subsection: C
Paragraph number: 2
Page number: 15

Text of passage being questioned: "...substance use services including DUI programming and New Expectations."

Question: Does this group home belong to the DDOC or Connections? Can it transition to a new vendor if the incumbent is not selected to continue providing services?

Answer: DDOC does not own this real estate. That information is not within DDOC knowledge.

Question: Are any elements of the services proprietary to the current contractor?

Answer: Unknown.

Question: Is the facility locked?

Answer: No.

Question: If the facility is not locked, please indicate how many pregnant offenders and mothers with infants remain at the facility until released by the courts or otherwise adjudicated.

Answer: In 2019 we had 18 admissions and 8 discharges and 10 are still in the program.

Question: Are pre-trial women included in the population served, or are the women sentenced to the facility?

Answer: Yes, it will be both pretrial and sentenced women.

Question: If a mother elopes from the facility and leaves the infant behind, how is this managed? Regardless of whether the mother is present or eloped from the program, please articulate in as much detail as possible what services are required from the behavioral health contractor for newborns.

Answer: If the mother leaves the facility, Division of Social Services would be contacted.

Question: Is the behavioral health contractor responsible for prescribing MAT medications, including conducting all required assessments and laboratory monitoring?

Answer: No, referred out to community providers.

Question: Within DDOC correctional facilities, our understanding is that the medical contractor will be responsible for these services. What MAT medications are currently used for pregnant women at this program – methadone, buprenorphine, or both?

Answer: This is determined by the outpatient services provider.

Question: Please describe the types of staff expected at the home. For example, is the mental health contractor expected to provide nursing staff, doulas, substance use disorder counselors, mental health professionals, re-entry or release planners, etc.?

Answer: Please refer to RFP Addendum 1.

Question: Please describe how women are released from this alternatives to incarceration program.

Answer: Residents are discharged at completion of the program.

Section: IV

Subsection: C:2

Page number: 15

Text of passage being questioned: “Aggregated price quota and specific pricing information”

Question: Pricing has a criteria weight of 20 of 165 total points. By what method or formula will the 20 points be awarded to each vendor submitting a proposal?

Answer: The lowest price vendor would receive the full 20 points. The other vendors receive proportional scores with the formula as: (lowest price/price being considered) x total points.

Section: IV

Subsection: C:2

Page number: 15

Text of passage being questioned: "Potential income projection substantiated by prior project management of similar scope and content"

Question: Please clarify the expectation from Vendors in substantiating potential income projection within their proposals.

Answer: Vendors shall provide their potential income projection for this contract based upon similar behavior health contracts performed of similar scope and content.

Section: V

Subsection: H.6.a.

Page number: 20

Text of passage being questioned: "By submitting a proposal, the proposing vendor agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, its agents and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the vendor's, its agents and employees' performance work or services in connection with the contract."

Question: Please provide the number of inmate behavioral healthcare lawsuits currently pending in which the State, its employees or agents are a named party.

Answer: DDOC declines to provide this information.

Question: Please provide a list of the inmate behavioral healthcare cases closed over the last two (2) years and the outcome of the cases including the amount of any payments (judgments or settlements) paid by the State over the course of the last two (2) years.

Answer: DDOC declines to provide this information.

Section: V

Subsection: H:9

Page number: 23

Text of passage being questioned: "Each vendor shall furnish a Bid Bond to the State of Delaware for the benefit of the Department of Correction in the amount equal to 10% of the respective bid value."

Question: Please confirm that the "respective bid value" represents the first contract year and the amount of the bid bond should be 10% of the first contract year value.

Answer: Yes.

Section: V

Subsection: H:10

Page number: 23

Text of passage being questioned: "On an annual basis, Contractors awarded contracts are required to furnish an 100% Performance Bond to the State of Delaware for the benefit of the Delaware Department of Correction with surety in the amount of 100% of the specific award. Said bonds shall be conditioned upon the faithful performance of the contract. This guarantee shall be submitted using Attachment 11 in the form of a good and sufficient bond drawn upon an Insurance or Bonding Company authorized to do business in the State of Delaware."

Question: Is the "specific award" on which the 100% performance bond is to be based the annual contract value for a specific year, an average contract value over the initial term of the contract, or some other amount?

Answer: The performance bond is 100% and shall be executed annually based on the annual contract amount.

Question: The 100% Performance Bond requirement is well outside of the industry standard and will result in unnecessary costs. Would the State consider reducing the amount of the bond to a more typical 5% to 10%, or eliminating the Performance Bond requirement altogether?

Answer: No. The performance bond is 100% and shall be executed annually based on the annual contract amount.

Section: V

Subsection: H:13

Page number: 24

Text of passage being questioned: "The State of Delaware may require holdback of contract monies until acceptable performance is demonstrated (as much as 25%)."

Question: Could the DDOC further define and clarify under what conditions a holdback of contract monies would be initiated?

Answer: Withholding of contract monies based on performance review is a separate remedy available to the DDOC, apart from liquidated damages.

Question: Have there been any holdbacks under the current contract?

Answer: No.

Question: As there are separately identified liquidated damages in Appendix B, Section H, does the DDOC intend to holdback funds in excess of those specifically related to those liquidated damages?

Answer: Withholding of contract monies based on performance review is a separate remedy available to the DDOC, apart from liquidated damages.

Section: V

Subsection: H:35:j

Page number: 32

Text of passage being questioned: The State reserves the right to pay by Automated Clearing House (ACH), Purchase Card (P-Card), or check.

Question: Can vendors request in their proposal and will the State agree that payments will be made under this contract by ACH or check and not by P-Card? Typically financial institutions charge a percentage of the revenue collected on a P-Card.

Answer: Yes.

Referencing Appendix B: Scope of Work and Technical Requirements

Section: I

Sub Section: A

Page number: 51

Text of passage being questioned: “six (6) Level IV and four (4) Level V facilities.” Appendix G, Staffing Plan Template, provides staffing tabs for all four Level V facilities but only five of the six Level IV facilities. At page 5, Item 9, the RFP permits modification of Appendix G to the extent of adding rows or editing titles, so long as formulas remain unaltered.”

Question: Although it appears unlikely, does the DDOC desire bidders to submit Appendix G with no behavioral health staffing for Sussex Violation of Probation Center?

Answer: No.

Question: Alternatively, should bidders provide combined staffing for Sussex Community Corrections Center and Sussex Violation of Probation Center?

Answer: The tab SCCC within Appendix G should include staffing for both SVOP and Sussex Work Release on a shared basis

Question: Alternatively, does the DDOC desire bidders to develop an additional tab within Appendix G for Sussex Violation of Probation Center?

Answer: No.

Section: I

Sub Section: A

Page number: 51

Text of passage being questioned: “Behavioral Health Services includes a full range of psychiatric and psychological treatments, procedures, short term CBT, and programs for substance users, sexual offenders, DUI, young offenders, and offenders diagnosed with mental disorders.”

Question: Please provide any available statistics showing the volume of psychiatric and mental health encounters. This data is particularly important for bidders to understand, given the flow-through of offenders in an integrated jail-prison system. It would be helpful to receive data by facility and by type

of encounter (e.g., mental health evaluation, initial psychiatric evaluation, psychiatric follow-up, etc.) if such data is available.

Answer: Please refer to Appendices K, L, and M available at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N

Section: I

Sub Section: A

Page number: 51,57

Text of passage being questioned: “Some services (outpatient SUD treatment and sex offender treatments) may occur post release while offenders are placed under community supervision...Sex Offender services for probation and parole will not be required until after June 30 2020 upon expiration of the current Vendor’s sex offender treatment contract. In the interim, the selected Vendor shall delivery sex offender services as described in the RFP in Level V (prisons) and Level IV (community corrections) facilities only.”

Question: Please confirm the average or anticipated number of offenders who will need to receive outpatient SUD treatment while under community supervision (probation and parole offenders). Specifically, the table that ends on page 57 of RFP Appendix B appears to indicate a capacity of 200, with 143 or 153 open beds, suggesting approximately 50-60 probationers are involved in Aftercare phase of SUD treatment. Is this inference correct?

Answer: Yes.

Question: While it is appreciated that it will be the successful bidder’s responsibility to deliver sex offender services to offenders post-release, it would be very helpful to understand the geographic distribution of these offenders across the State and the locations at which these services are currently provided. Please confirm that these locations are Plummer Community Correctional Center in Wilmington (“Aftercare North”), Kent County Probation and Parole Office in Dover (“Aftercare Central”), and Sussex County Probation and Parole Office in Dover (“Aftercare Central”)?

Answer: Sussex County Probation and Parole is in Georgetown other listed locations are correct.

Question: Does the estimation of 450 community supervision offenders requiring outpatient sex offender treatment while under community supervision (provided on RFP page 83) represent an increase from current volume?

Answer: Typically there are about 350 +/- offenders that are engaged in treatment.

Question: While it is appreciated that it will be the successful bidder’s responsibility to deliver sex offender services to offenders post-release, it would be very helpful to understand the geographic distribution of these offenders across the State and the locations at which these services are currently provided.

Answer: The current locations are Plummer Center, Dover P&P, and Georgetown P&P.

Question: If not already occurring, do DDOC probation and parole offices have sufficient space available to accommodate outpatient sex offender treatment in those offices? Would the DDOC consider making a group and/or individual treatment room available in probation and parole officers for these purposes?

Answer: All three counties run groups and they are held at the P&P offices.

Question: Please clarify whether sex offender services for probation and parole (community supervision) offenders will be required to commence on July 1, 2020 or July 1, 2021.

Answer: July 1, 2021.

Question: Please identify the current provider of these community-based sex offender treatment services.

Answer: Mental Edge Counseling, LLC.

Question: Please provide a copy of the current sex offender treatment contract.

Answer: Contract documents are available at
http://contracts.delaware.gov/contracts_detail.asp?i=5757

Section: I

Sub Section: A

Page number: 51

Text of passage being questioned: "Sex Offender Treatment Program"

Question: How many individuals are currently under treatment in the Sex Offender Treatment program – itemized by Prisons, Community Corrections, and Probation?

Answer: Please refer to Appendix M-Sex Offender Treatment Report Data available at
http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N. In addition to Appendix M, there are typically 350 +/- offenders engaged in treatment at Probation Offices.

Question: Is the expectation of the DDOC that the vendor will provide Sex Offender Treatment services through the Community Corrections Centers?

Answer: Yes in all Level IV facilities.

Section: I

Sub Section: A

Page number: 52

Text of passage being questioned: "Compliance with national correctional standards, DDOC policies and procedures and professionally accepted best practices in correctional behavioral health."

Question: Will the awarded vendor be responsible for conducting psychological autopsies?

Answer: No.

Section: I

Sub Section: A

Page number: 52

Text of passage being questioned: “The Vendor shall work collaboratively with the Department in order to increase access to substance use disorder treatment, addiction treatment medications and psychosocial support services in the State’s correctional system as well as appropriate screening, assessment, relapse prevention, and reentry services to help identify individuals with addiction involving opioids or other substances and ensure that they have the tools to sustain treatment, remission, and recovery when they return to their community after release. “

Question: Who will be responsible for the pharmacy costs, including psychotropic medications?

Answer: The DDOC contracts for pharmacy costs with Correct RX. That contract is in place through June 30, 2020.

Section: I

Sub Section: B

Page number: 53

Text of passage being questioned: “ At pages 53 and 57, the RFP makes clear that SUD Aftercare services are required for probationers and page 57 lists three locations where Aftercare services are currently provided (Sussex, Kent, and NCC).”

Question: How would the DDOC prefer bidders complete Appendix G to show the staffing that will be required to meet this service?

Answer: Aftercare staff is assigned to Level IV; bidder shall include aftercare position(s) for each facility.

Question: Should these staff members be assigned to a Level V or Level IV facility, or does the DDOC desire bidders to develop additional tabs within Appendix G for designated Probation and Parole offices?

Answer: Aftercare staff is assigned to Level IV; bidder will include aftercare position(s) for each facility.

Section: I

Sub Section: B

Page number: 54

Text of passage being questioned: “DDOC oversaw 21 male juvenile offenders adjudicated as adults in fiscal year 2018. DDOC offers program services for those adolescents who are placed in a separate area, known as the Youthful Correctional Offenders Program (YCOP), from the adult general population at HRYCI.”

Question: Is the fiscal year 2018 volume for male juvenile offenders consistent with current volumes?

Answer: Current volume is 10, but this number can fluctuate.

Question: Does the report of 21 male juveniles reflect the average or the total number of unique male juveniles who were housed with the DDOC in fiscal year 2018? Our understanding from the

Department's answers in RFP DOC20026-Healthcare is that the average number of juveniles housed with the DDOC is less than 10.

Answer: This was a total of unique individuals served in the program. The current average population being served is around ten.

Question: Based on the Department's answers in RFP DOC20026-Healthcare, we recognize that juvenile offenders kept sight and sound segregated from adult offenders. Where are juvenile offenders seen for behavioral health services, on the YCOP or elsewhere in the facility?

Answer: The offenders receive services on the housing unit.

Question: Does the DDOC house any female juveniles adjudicated as adults? Our understanding from the Department's answers in RFP DOC20026-Healthcare is that Baylor Women's Correctional Institution does not have female juveniles. Can the DDOC confirm that no female juveniles adjudicated as adults will be expected to be housed within any Level V or Level IV facilities?

Answer: No.

Section: I

Sub Section: C

Page number: 55

Text of passage being questioned: "The following is a snapshot (9/9/19) off the number of individuals receiving mental health (MH) services including the number of individuals at each level 5 and level 4 facilities who are on the mental health roster (MHR) and the number who are classified as seriously mentally ill (SMI):"

Question: Please confirm how many patients have been included on the MH Roster over the last 12 months.

Answer: Please refer to Appendix J – Mental Health Roster Data available at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N

Question: Please provide a breakdown of this total by the number classified as SMI and MI with the associated levels of care indicated.

Answer: Please refer to Appendix J – Mental Health Roster Data available at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N

Question: Please identify what mental health services are currently provided on site per facility.

Answer: Please refer to comprehensive services provided by the DDOC in Appendix B, Section III in the Request for Proposal. Additionally, please refer to Appendices K, L, and M for further information.

Section: I

Sub Section: C

Page number: 55

Text of passage being questioned: “Table shows a current population of 241 on the MHU at JVTCC, with 129 on the mental health roster.”

Question: During the site tours, the MHU was reported as located in Building 21, with buildings 22 and 23 closed due to lack of census. Please clarify where the 112 inmates in the MHU (241 less the 129 MHR patients) are housed – in building 21 on the same tiers as the MHR patients or elsewhere?

Answer: Buildings 22 and 23 are currently closed, but not due to lack of census. As of 09/09/19 one of those buildings was temporarily opened housing approximately 190 offenders. The total census of the two buildings was 241, of which 129 were receiving mental health services. The MHR patients may be housed in the RTU (building 21) or may be housed elsewhere at JTVCC depending on level of care.

Question: Is the 9/19/2019 MHR census for the MHU of 112 inmates about average? In other words, can bidders assume that the residential treatment unit census of 112 reported in the RFP is a good estimate of the number of JVTCC patients requiring this level of care?

Answer: The census is not an average, but represents a point of time. The census of the RTU averages 55. The balance of the roster was for the people receiving services outside of the RTU.

Section: I

Sub Section: C

Page number: 55

Text of passage being questioned: “Inserted tables”

Question: Please provide a table with program capacity and number of open beds for mental health (non-substance use treatment) Residential Treatment Units, similar to that provided on RFP pg. 56 for substance use services.

Answer: Refer to Appendices J and K available at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N

Section: I

Sub Section: C

Page number: 56-57

Text of passage being questioned: “Reflections/DUI beds” for men

Question: Table shows 50. Please confirm these beds are located at SCI.

Answer: Yes, that is the present location for this program.

Question: Please clarify whether the 50 DUI beds are in addition to the 120 residential SUD treatment beds listed for SCI (making a total of 170) or whether 50 of the residential SUD treatment beds are allocated to the DUI program.

Answer: The total beds for SCI are 170 which includes 120 for residential SUD treatment and 50 for the DUI program.

Question: Please clarify whether the 20 DUI beds are included in the 58 residential SUD treatment beds listed for BWCI, or whether the 20 DUI program beds are in addition to these 58 residential SUD treatment beds.

Answer: The total beds for BWCI are 73 which includes 53 for residential SUD treatment and 20 for the DUI program.

Section: I

Sub Section: C

Page number: 56-57

Text of passage being questioned: Table shows 434 total beds in Level 5 facilities and 298 total beds in Level 4 facilities.

Question: The preceding rows in the table sum to 474 for Level 5 facilities, not 434. Please explain the difference (how the total of 434 was calculated).

Answer: As of 11/30/2019 snapshot, the total sum of program capacity for substance use services in Level 5 is 669 as follows:

Location	Program Capacity	# of Open Beds
Level 5 Prison		
(HRYCI)	200	66
(SCI)	120	3
(BWCI)	53	2
6 for 1 Men (HRYCI)	80	10
6 for 1 Women (BWCI)	72	30
6 for 1 South (SCI)	64	9
YCOP (HRYCI)	10	5
Reflections Men – DUI	50	0
Reflections Women – DUI	20	2
Level 5 Totals:	669	127
Level 4 Community Corrections		
Plummer (Men)	76	52
Morris (Men)	96	0
HDP (Women)	76	47
SWRU (Men and Women)	90	65
Level 4 Totals:	338	117
Probation (Aftercare)	200	143 (Sussex = 27, Kent = 65, NCC = 51)

Question: The preceding rows in the table sum to 322 for Level 4 facilities, not 298. Please explain the difference (how the total of 298 was calculated).

Answer: See updated table above.

Section: I

Sub Section: C

Page number: 56-57

Text of passage being questioned: “The final row of the table that spans pages 56 and 57 of RFP Appendix B indicates a capacity of 200 for outpatient SUD treatment of probationers, with 153 open beds. A parenthetical clarification in the final cell of the table reads, “(Sussex = 27, Kent = 65, NCC = 51).”

Question: Please clarify whether the “open beds” on this row refers to actual open beds in a facility, or to the number of openings available in Aftercare program at each of the locations.

Answer: Number of beds refers to available capacity in the aftercare program at each location not a physical bed.

Question: Please clarify the nature of the three locations listed in the table. Do these refer to probation offices?

Answer: Yes, the three locations listed in the table are Sussex County-Georgetown Probation, Kent County-Dover Probation and New Castle County Plummer Community Correctional Center.

Question: Please define or identify “NCC.” Is this Plummer Community Correctional Center?

Answer: Yes, NCC is New Castle County.

Question: The total open beds from Sussex, Kent, and NCC sums to 143, not 153. Should the total value listed in this cell of the table be changed to 143?

Answer: Yes.

Question: If there are 143 or 153 openings for the Aftercare phase of SUD treatment, this would appear to indicate that the community-based SUD treatment has significantly more capacity than need, as approximately 72% to 76% of capacity is currently available (“open”). Is this inference correct?

Answer: Yes.

Question: How was “program capacity” determined for Aftercare?

Answer: The program capacity was based off of 600 beds statewide Key and Crest with a large waiting list.

Question: Does the DDOC intend to maintain a program capacity of 200 for Aftercare SUD treatment services during the ensuing contract cycle?

Answer: Yes.

Section: I

Sub Section: C

Page number: 56-58

Text of passage being questioned: "Table on page 56 does not show any residential SUD treatment beds at HRYCI in addition to the YCOP and 6 for 1 Men programs; however, the RFP at pages 58 and 79 indicate that the Key North residential SUD program is at HRYCI and this program was observed during site tours."

Question: Is the table on page 56 missing residential SUD program beds for HRYCI?

Answer: See updated table above.

Question: If so, how large is the "Key North" residential SUD treatment program?

Answer: See updated table above.

Section: I

Sub Section: D

Page number: 57

Text of passage being questioned: "As such, the provider is expected to match services with that of the Department's use of the LSI-R and RNR (GMU's "Asses and Individual") tools....."

Question: Does the DDOC or current healthcare provider also utilize the other RNR Simulation Tools, such as the RNR Program Tool, and/or the Assess Jurisdiction's Capacity" tools?

Answer: No.

Question: Does the DDOC have any outcome data to share showing the impact of current SUD programming on reducing the recidivism rate?

Answer: No.

Section: I

Sub Section: D

Page number: 57

Text of passage being questioned: "The Vendor shall outline their strategy for incorporating the DDOC's use of LSI-R and RNR assessments into their behavioral health assessment process and plan for coordination with DDOC staff for level of care determination."

Question: Is the DDOC's intention that we have BH staff trained in the use of the RNR assessment tools to support the DDOC's BH program referral process?

Answer: Yes.

Question: Does the DDOC currently complete the RNR and LSI-R tools concurrently with the intake healthcare screening process?

Answer: No.

Question: If not, when and where do DDOC staff complete these assessments?

Answer: Classification is responsible at this time.

Question: How are the results of the LSI-R and RNR tools shared with BH staff?

Answer: Yes.

Question: Do BH staff only receive the referral recommendations from these tools, or do they also have access to the complete RNR and LSI-R findings for each inmate?

Answer: At present only the referral recommendations.

Question: Are the results of these assessment tools currently included in the inmate's healthcare record?

Answer: No.

Section: I

Sub Section: D

Page number: 58

Text of passage being questioned: "Level One; Outpatient – consists of 9 hours of service/week; Level 2: Intensive Outpatient – consists of 9 or more hours of service weekly"

Question: Based on this table, there does not seem to be a significant difference in programming hours for IOP vs. OP SUD program services. Can the DDOC confirm how many hours Aftercare/outpatient participants are required to receive each week?

Answer: Level 1 outpatient consists of fewer than 9 hours, whereas Level 2 intensive outpatient consists of 9 or more hours.

Question: Are these released participants allowed to work during the day and receive Aftercare/outpatient services weekday evenings?

Answer: Yes.

Question: Is the intention of the DDOC for Aftercare/ outpatient services to be provided seven days a week?

Answer: No.

Questions: Who is responsible for procuring and supporting end-user computing within the BH contract?

Answer: DDOC.

Question: Will the contractor be allowed to install software (w/ permission) related to performance of BH care on DDOC owned end-user PC's?

Answer: No. Vendor will need to utilize DOC's EHR system iCHRT to document BH Care information. All care related documentation will need to be entered in DOC provided Applications.

Question: Is there any separation of network domains between BH staff and other DDOC staff?

Answer: No.

Question: Who is responsible for providing telephony services under the BH contract?

Answer: DDOC.

Question: Is there a wireless network deployed for BH staff?

Answer: Yes.

Section: I

Sub Section: H

Page number: 60

Text of passage being questioned: "It is the Department's goal to maximize programming to meet the risk and needs of the offenders in the Delaware's Correctional System."

Question: Is there inmate access to technology tools such as tablets for programming? If not, would the Department consider such tools to expand programming access?

Answer: Currently, there is no inmate access to technology tools such as tablets for programming, however, the DDOC is willing to consider in the future and may be addressed in Vendor's proposal.

Section: I

Sub Section: H

Page number: 61

Text of passage being questioned: "Currently the incumbent Provider supports the Department's program "Think Things Through" at SCI, HRYCI, JTVCC and BWCI and uses University of Cincinnati Correctional Institute's curriculum Cognitive Behavioral Intervention – Comprehensive Curriculum (CBI-CC)."

Question: Other than "Think Things Through" and Cognitive Behavioral Intervention – Comprehensive Curriculum (CBI-CC) are there any other preferred curricula being used in RNR-LSI-R programming?

Answer: No.

Section: II

Sub Section: A

Page number: 63

Text of passage being questioned: “DDOC requires staffing that will provide adequate levels of coverage and care in each facility to meet the needs of the offenders. Vendor’s proposed staffing plan shall be submitted using Appendix G – Staffing Plan Template. It is not recommended to have shared staffing to meet the needs in both Level IV and Level IV facilities ratios. The DDOC is seeking a Respondent who will provide sufficient staff for Level V with a separate staffing pattern for Level IV; however, the Vendor should specifically spell out if they are proposing any shared staffing and the specific ratios. The Vendor will be expected to maximize the continuity of care between facilities with various levels of program services. As such, it is expected that the Vendor shall collaborate with other Providers to ensure integrated care for all offenders.”

Question: Please provide the current staffing matrix for the level IV and level V facilities, set up in the format of Appendix G – staffing plan and broken out by day/evening/night shifts.

Answer: The current staffing information resides with the incumbent vendor. Vendors are responsible to research and determine a staffing plan as part of developing its proposal.

Section: II

Sub Section: A

Page number: 63

Text of passage being questioned: “The contracted Vendor will be responsible to deliver behavioral health services 24 hours per day, seven days per week, regardless of weather, emergency security conditions, and/or work stoppages in all facilities.”

Question: Does overnight coverage require on-site behavioral health presence, or will overnight nursing and/or on-call services suffice?

Answer: Yes, overnight on-site behavioral health presence is required.

Section: II

Sub Section: A

Page number: 65

Text of passage being questioned: “The Vendor must provide resumes for the management staff expected to be hired by the Vendor at both Regional and Institutional levels.”

Question: Please confirm that Job Descriptions with requirements may be provided in lieu of Resumes for contract staff yet to be hired.

Answer: No, job descriptions will not be accepted.

Section: II

Sub Section: E:1

Page number: 68

Text of passage being questioned: “Liquidated Damages – Operations Audits. The Health Services QI Monitoring and Evaluation Audit is a tool used to measure compliance with the contract.”

Question: Please provide the monthly trend for the current and prior fiscal years of any credits or deductions made under the current contract for mental health services performance measures and/or performance related issues.

Answer: The DDOC has taken no deductions under the current contract.

Question: Please provide the Health Services QI Monitoring and Evaluation Audit tool and the expected monitoring calendar.

Answer: This document is still in development and will be provided upon completion.

Section: II

Sub Section: E:2

Page number: 68

Text of passage being questioned: “Liquidated Damages – Staffing”

Question: Will the final rates to be used in assessing staffing liquidated damages under the new contract be negotiated and set based solely on current average pay rates for positions?

Answer: Yes.

Question: Will hours for approved paid time off, sick pay, job-related training, and orientation training be excluded from vacancy hours calculation?

Answer: Yes.

Question: Please provide current staff vacancies by position by facility.

Answer: This information resides with the incumbent Vendor.

Question: Please provide the monthly trend for the current and prior fiscal years of monetary credits for staffing unfilled/uncovered hours in the current contract.

Answer: There were no credits or deductions in the current contract.

Question: Will the staffing liquidated damages apply only to the key/critical positions listed in the example or all positions in the staffing matrix?

Answer: It applies to all positions in the Vendor’s proposed staffing matrix.

Section: II

Sub Section: E:3

Page number: 69-70,57

Text of passage being questioned: “Liquidated Damages – Referral and Recruitment”

Question: Our understanding is that the 6 for 1 program is strictly voluntary and limited to pre-trial detainees. If this understanding is correct, how does the DDOC propose to hold a contractor accountable for program utilization rates?

Answer: “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: Are the “6 for 1” programs subject to liquidated damages in accordance with the RFP?

Answer: Yes, Although “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: Our understanding is that participation in the DUI program is determined by statute. If this understanding is correct, in the case where the entire DDOC population is reviewed and there are fewer inmates who qualify under statute to participate in the DUI program than 75% of the beds (i.e., fewer than 52 male participants and fewer than 15 female participants), will the behavioral health contractor be subject to liquidated damages?

Answer: “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: Are the DUI programs subject to liquidated damages in accordance with the RFP?

Answer: Yes, although “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: Are Aftercare programs for probationers subject to liquidated damages in accordance with the RFP?

Answer: Yes, although “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: Statistics provided on page 57 of the RFP for utilization rates (or open beds) at the Level Four facility and probation Aftercare SUD programs indicate substantially lower utilization rates than 75%. Please help bidders understand how the successful contractor can help raise SUD program utilization rates from below 50% at the Level Four facilities and below 24% in the probation Aftercare program to above 75%.

Answer: “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: Similarly, given the wide gaps between utilization rates provided in the RFP for Level Four and Probation SUD programs and the Department’s goal of at least 75% utilization, can the DDOC please provide any data available that confirm there are eligible individuals who could fill these program slots?

Answer: “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: What accounts for the much higher utilization rates for SUD programs at Level Five facilities, compared to the utilization rates for SUD programs at Level Four facilities and in Aftercare?

Answer: “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: Please explain how the utilization rate for SUD programs will be calculated. Will this be a point-in-time calculation (e.g., at the end of the month or on a given day) or the number of patient-days provided over the number of patient-days available, or some other methodology?

Answer: “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: Are patients who are enrolled in a SUD program but refuse to attend “counted” towards the utilization rate?

Answer: “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: Are patients who are referred to a SUD program but refuse to participate “counted” towards the utilization rate?

Answer: “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Question: Please provide the monthly trend for the current and prior fiscal years of any credits or deductions made under the current contract for Substance Use Disorder treatment performance measures and/or performance related issues.

Answer: “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Section: II

Sub Section: E:3

Page number: 69-70,57

Text of passage being questioned: “The Vendor must maintain a list of eligible candidates and coordinate with DDOC to ensure that eligible candidates are placed in the appropriate treatment program...The Vendor must review new admissions, interview offenders, examine sentencing orders, and develop a list of potential candidates...”

Question: Please help vendors understand what distinct steps need to be completed by the behavioral health contractor that have not already been completed by DDOC classification staff to ensure accurate identification and referral of SUD program candidates.

Answer: “Liquidated Damages-Referral and Recruitment” will no longer be required in the awarded contract.

Section: III

Sub Section: A

Page number: 71

Text of passage being questioned: “Each offender shall receive behavioral health screening using the screening tools identified by BHSAMH and within the timeframes outlined in DOC Policy E-05 Mental Health Screening and Evaluation. Screening shall be completed by a licensed clinician or a non-licensed clinician under the supervision of a licensed clinician.”

Question: Please confirm that the Receiving Screening to be initiated within four hours of intake is completed by an “Intake Nurse” employed by the medical vendor (in accordance with DDOC policy E-02 Intake Screening) as part of the “Intake Screen/Module.”

Answer: Correct. DDOC reserves the right to change the policy at any time.

Question: “Please clarify the timeframe required for completion of the initial mental health screening as described in DDOC policy E-05. The policy states “upon admission” yet policy E-02 defines the Intake Screening as being completed by an Intake Nurse upon admission. NCCHC prison and jail standards allow for up to 14 days after admission for completion of the initial mental health screening.”

Answer: It is our intent that a mental health clinician partners with medical to complete the mental health portion of the intake process within 24 hours of admission.

Question: DDOC policy indicates that the initial screening may be performed by a healthcare professional who has been trained in behavioral health; is it the expectation of DDOC that behavioral health personnel must perform the initial behavioral health screening?

Answer: Yes.

Question: During the site tour at JTVCC on January 7, 2020, it was reported that the DDOC is intending to engage behavioral health staff in concert with medical nursing staff in completing the intake screening. Please provide clarity about this intent, and the intended division of labor and collaboration between the behavioral health and medical contractors for the intake screening.

Answer: The intent is that the behavioral health staff conducts the behavioral health portions of the intake in collaboration with the RN during the intake process with the intent to ensure that behavioral health assessments are performed in a timely manner.

Section: III

Sub Section: A

Page number: 71-72

Text of passage being questioned: “Vendor’s proposal shall respond to each of the following components and subsections with a detailed description of proposed programming that will achieve an integrated delivery system for offenders with behavioral health, substance use and co-occurring disorders.

1. Personnel
2. Intake Screening and Assessment
3. Emergency Services
4. Programming

- Mental health services
- Screening and assessment Outpatient services Intensive outpatient services
- Short Term Cognitive Behavioral Therapy programs Residential care
- Treatment plans Medication monitoring
- Multidisciplinary team meetings (MDT) Segregation rounds
- Staffing Supervision Documentation
- Substance use services
- Screening and Assessment Outpatient Services Intensive Outpatient Services
- Residential Care (Cognitive Community)
- Medication Assisted Treatment in conjunction with the Healthcare Contractor
- Drug Testing Staffing Documentation Supervision
- DUI Programming
- 5. Sexual Offender Programming
- 6. Adjudicated Youth
- 7. Discharge Planning and Reentry
- Staffing
- Outcomes
- 8. Quality Assurance
- Reporting Requirements
- Position Control
- Credentialing and Privileging of Professional Staff
- Continuous Quality Improvement
- Peer Review”

Question: As the outline above does not fully align with the contents of Appendix B. Section III. Comprehensive Services (RFP pages 71-97) please clarify whether vendors should limit their responses to the above outline, or address all of the items in Appendix B, as required by the RFP Minimum Requirements (RFP page 4, #6).

Answer: The Vendor’s proposal shall address all of the items in Appendix B to include, but not limited to, Section III Comprehensive Services.

Section: III

Sub Section: B

Page number: 72-73

Text of passage being questioned: “A qualified mental health professional should be available to be onsite 7 days per week as they must conduct a face to face encounter within 24 hours of receipt of the sick call request.”

Question: Can after hours or weekend responses be performed utilizing telehealth services when appropriate, if no personnel are available onsite?

Answer: No.

Section: III

Sub Section: B

Page number: 72

Text of passage being questioned: “The *Community Legal Aid Society, Inc. v. Robert M. Coupe* case references a behavioral health evaluation conducted in a confidential setting within 24 hours of placement in restrictive housing.”

Question: Does this requirement apply to all inmates, only to inmates on the mental health roster, and/or only to inmates diagnosed with serious mental illness?

Answer: Yes, it applies to any inmate who enters a housing unit formerly designated as restrictive housing in the settlement agreement and order.

Section: III

Sub Section: B

Page number: 73

Text of passage being questioned: “In CY 2018, there were over 8600 sick call visits for behavioral health.”

Question: Please provide the breakdown of behavioral health sick call visits by facility.

Answer: Refer to Appendix K – Mental Health Services Report Data available at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N .

Section: III

Sub Section: B

Page number: 74

Text of passage being questioned: “For individuals with mental health diagnoses without co-occurring substance use disorders that require treatment intervention, the Vendor shall provide a) outpatient, b) intensive outpatient and c) residential mental health services at all Level 5 facilities.”

Question: Please describe the size and location of the residential mental health programs at all Level Five facilities.

Answer: Please refer to the RFP page 75-77 under specialized residential care.

Question: DDOC policy G-04.1 describes “Special Needs Units” – should respondents consider “residential mental health services” as occurring within “Special Needs Units” or are these different programs?

Answer: Yes, residential mental health services occur within special needs unit.

Question: We note that service delivery requirements for mental health services vary by these three levels, and this impacts potential staffing needs. For each Level Five facility, please provide the current or average number of inmates receiving a. Outpatient mental health services, b. Intensive outpatient health services, and c. Residential mental health services

Answer: These services are offered and provided on site at each facility. Please refer to RFP Addendum Appendix K available at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N .

Question: During the site tour at JTVCC on January 7, 2020, it was reported that the DDOC uses a mental health coding or classification system ranging from 1 = not in need of treatment to 5 = most acute level of mental health treatment needs. Please provide this coding system and counts, by facility, showing the mental health caseload broken out by this classification system.

Answer: Please refer to Appendix N available online at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N

Question: On the tour we visited the residential mental health units at JTVCC and BWCI; are there currently residential mental health services provided at HRYCI and SCI?

Answer: No.

Question: If yes, what is the average daily census in the units?

Answer: N/A

Question: If no, what is the anticipated average daily census of the proposed units?

Answer: There are no residential mental health services being proposed at SCI at this time and at HRYCI the census could be a max of 40.

Question: Will there be a contract amendment at the point such unit is created?

Answer: Yes.

Question: Should the bidder submit a proposed staffing plan in Appendix G with this bid proposal for proposed residential treatment units or wait for an amendment?

Answer: No. The staffing plan in Appendix G should only include the current residential treatment units.

Question: If yes, what happens at contract start with staff and resources for HRYCI and SCI RTU's?

Answer: N/A

Section: III

Sub Section: B

Page number: 74

Text of passage being questioned: "The Vendor will need to be compliant with all aspects of US District Court 2016 approved Community Legal Aid Society, Inc. v. Robert M. Coupe, Commissioner, Delaware DOC regarding mental health care for those with Serious Mental Illness."

Question: Please clarify if a face-to-face behavioral health evaluation is required upon placement into restrictive housing and if so, within what timeframe, and does the requirement apply to all inmates, only to inmates on the behavioral health roster, or only to SMI designated inmates?

Answer: Yes, it does require face to face evaluation within 24 hours of placement for offenders who are placed in what was formerly known as restrictive housing. See CLASI v. Coupe page 3 of 17 paragraph 1C and exhibit D-1 A. 1. This requirement applies to all inmates placed in/on housing unit formerly known as restrictive housing.

Question: Please confirm the DDOC and its current MH Provider are currently in compliance with all aspects of this settlement. If not, which aspects of the settlement are not considered in compliance?

Answer: Yes.

Section: III

Sub Section: B

Page number: 74

Text of passage being questioned: "Beginning 7/1/2021, the selected Vendor will provide sex offender evaluations and implement comprehensive sex offender group treatment for individuals under community supervision by the BCC."

Question: How would the DDOC prefer bidders complete Appendix G to show the staffing that will be required to meet this service? Should these staff members be assigned to a Level V or Level IV facility?

Answer: Aftercare staff is assigned to Level IV. Bidder will include aftercare position(s) for each facility.

Section: III

Sub Section: B

Page number: 74

Text of passage being questioned: "...the Contractor will also operate a mental health residential program within a designated housing area for individuals with serious mental illness...at each facility."

Question: If the Level Five facility does not yet have a residential treatment unit, please provide an estimate of the size (bed capacity) of the anticipated mental health unit.

Answer: There are no residential mental health services being proposed at SCI at this time and at HRYCI the census could be a max of 40.

Section: III

Sub Section: B

Page number: 75

Text of passage being questioned: "Specialized residential care will be offered for offenders diagnosed with serious mental illness with serious psychological impairment and in need of longer term care in Building 21 at JTVCC, known as the Treatment Center, and for women at BWCI."

Question: Are these programs considered the same as the "residential mental health services" described under "Routine Care" or is this an additional level of mental health services?

Answer: Residential mental health services are under specialized residential care page 75 and are an additional level of care.

Question: Please confirm the number of beds available for males in the Specialized Residential Care at JTVCC.

Answer: 120 beds are available for males in the Specialized Residential Care at JTVCC.

Question: Please confirm the number of beds available in the Specialized Residential Care at BWCI

Answer: There are 20 beds.

Question: Are there other beds at BWCI designated for residential level of care? If so, how many?

Answer: No.

Section: III

Sub Section: B

Page number: 76

Text of passage being questioned: "Offenders eligible for residential care shall receive expected degrees of accommodation and mental health programming based on their individualized treatment plan."

Question: What is the admission criteria and admission process for placement in the multi-security level Treatment Center located in Building 21 at JTVCC?

Answer: Refer to Appendix N – BH Levels of Care available at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N

Section: III

Sub Section: B

Page number: 76

Text of passage being questioned: "The Vendor shall also manage a small residential program at BWCI, the women's facility."

Question: Is it correct to assume that the small residential program at BWCI has yet to be opened and that the vendor will be responsible for opening the unit as outlined in the RFP? If so, is there a timeline by which the Department would like the unit up and running?

Answer: No, the residential program at BWCI is open.

Section: III

Sub Section: B

Page number: 76

Text of passage being questioned: "It is the goal of DDOC to implement a Residential Unit at BWCI for those female offenders diagnosed with SMI and in need of the residential level of care. The Vendor will work with BHSAMH, BOP, and BWCI leadership and security regarding the size and location of the residential unit."

Question: Please confirm that there is currently no residential unit for offenders diagnosed with SMI at BWCI.

Answer: Currently there is a residential unit for offenders diagnosed with SMI at BWCI on housing unit 8.

Section: III

Sub Section: B

Page number: 76-77

Text of passage being questioned: “Juvenile Offenders adjudicated as adults requiring residential care will receive their treatment in their designated housing location (currently located at HRYCI) unless they require a transfer to an external facility for psychiatric hospitalization”

Question: Please confirm that there is no designated residential unit for youthful offenders diagnosed with SMI but instead, those patients will be treated within a general population housing unit.

Answer: Correct.

Question: Please provide the behavioral health hospitalization admissions along with their associated costs, as well as the number of hospital days, for the full year for 2018 and 2019.

Answer: There are none.

Section: III

Sub Section: B

Page number: 77

Text of passage being questioned: “All offenders identified or suspected of being at-risk for suicide or self-injury at the initial screening or at any other time in custody, will remain under constant supervision by the Behavioral Health staff in a safe cell while an order for placement on psychiatric observation is obtained from appropriate personnel. The Vendor shall evaluate the offender as soon as possible not to exceed 24 hours from the placement.”

Question: In order to ensure adequate staffing to perform observations of patients on Psychiatric Crisis Observation (PCO), please provide the average number of patients on PCO at each facility (or a similar metric).

Answer: Refer to Appendix K – Mental Health Services Report Data available at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N

Question: Please confirm the number of suicide watch cells per facility.

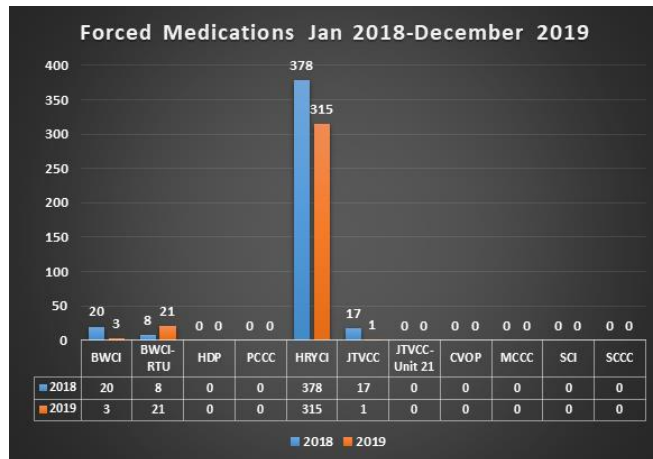
Answer: The number of cells varies and it is upon the determination of the Warden of the facility.

Question: Please confirm the number of episodes of restraint per month over the past two years by facility.

Answer: The DDOC does not track this data.

Question: Please confirm the number of forced psychotropic medication events in the past two years by facility.

Answer:



Section: III

Sub Section: B

Page number: 77

Text of passage being questioned: "If an offender exhibits behavior that poses an imminent threat to self or others, the Vendor must work directly with correctional personnel to transfer the offender to a safe location in the infirmary or in any other designated location identified by the DOC."

Question: Please confirm the number of patients transferred to the Mitchell Building at the Delaware Psychiatric Center for inpatient psychiatric care over the past 12 months?

Answer: One.

Question: Please confirm whether the Contractor or the State is financially responsible for in-patient psychiatric care and/or psychiatric hospitalizations.

Answer: The State of Delaware.

Question: Please confirm the total cost of psychiatric inpatient hospitalizations in the past two (2) years by facility.

Answer: Not Applicable.

Section: III

Sub Section: B

Page number: 77

Text of passage being questioned: "The Respondent must discuss how staff is trained for recognizing the signs and symptoms of behavioral health illnesses, decompensation and emergency interventions."

Question: Is the MH Vendor expected to provide personnel who are trainers in the Mental Health First Aid program?

Answer: No.

Section: III

Sub Section: C

Page number: 78

Text of passage being questioned: “Vendor is responsible for recruitment and must keep treatment beds filled with clinically appropriate offenders as determined through classification and assessment. “

Question: In addition to determining SUD programming classification through the RNR and LSI-R assessment tools, does the DDOC or current healthcare vendor utilize any of the ASAM assessment tools to assist with identifying SUD program candidates and suggested service levels and interventions?

Answer: Yes.

Section: III

Sub Section: C

Page number: 79

Text of passage being questioned: “DDOC Continuum of Care”

Question: Please indicate how many beds are available in each of the units providing Level 3 Residential Substance Use Disorder Services. Similarly, how many patients are actively engaged in Level 2 services in each facility? How many are actively engaged in Level 1 services at each facility? How many patients are involved in each of the DUI programs at SCI and BWCI?

Answer: There is no designated number of beds.

Section: III

Sub Section: C

Page number: 79

Text of passage being questioned: “For example; should aggregate assessment data reveal the need for additional IOP or OP programming specific to inmates receiving MAT, the Vendor would be expected to proactively partner with DDOC to meet the unmet needs.”

Question: What kind of overlap can we expect between patients currently enrolled in the SUD residential treatment programs and patients currently enrolled in MAT?

Answer: That which would be experienced in the general population.

Section: III

Sub Section: D

Page number: 81

Text of passage being questioned: “All curricula, assessment tools and other clinical protocols shall be customized by the Vendor to meet the unique needs of this special population.”

Question: Please identify the curricula currently being used for the “6-for-1” and “Young Criminal Offender Programs.”

Answer: The Vendor is responsible to propose CBT evidenced-based curriculum to support the 6-for-1 and YCOP programs based upon the information provided in the RFP.

Question: How many mental health groups do patients in the “6-for-1” and “Young Criminal Offender Programs” attend daily?

Answer: The number of groups range from 2-3 daily based on the assessed need of the population.

Section: III

Sub Section: D

Page number: 81

Text of passage being questioned: “...At a minimum three (3) open-enrollment groups of 12 offenders facilitated by two clinicians for 1 ½ hours per group should be implemented at all Level V facilities...If at any time the Level IV facilities do not require 3 groups those resources should be placed throughout the DDOC, where needed.”

Question: Based on the RFP language, it is clear that three open-enrollment groups of 12 offenders, facilitated by two clinicians, must be offered at JTVCC, HRYCI, SCI, and BWCI. Is it also the intent of the DDOC for there to be three open-enrollment groups of 12 offenders, facilitated by two clinicians, at the Level IV facilities – with the option of reallocating these resources as needed when three groups are not needed at a given Level IV facility?

Answer: Yes, with the approval of DDOC.

Section: III

Sub Section: D

Page number: 81-82

Text of passage being questioned: “Programming takes place within a cognitive community setting as described elsewhere in this solicitation and focuses on the development of skills acquisition, cognitive restructuring, decision making, pro-social values, decreasing inappropriate behaviors and planning for the future as well as substance use disorder treatment.”

Question: Please confirm the Department will provide adequate space to conduct groups and one-to-one sessions for patients in the KEY program, 6-for-1, YCOP, and Sex Offender Treatment program.

Answer: The DDOC will provide as much space that is available within the constraints of DDOC security.

Question: Does the Department currently make available office space for incumbent MH staff to complete documentation? If yes, do these offices exist on their respective specialty units?

Answer: Yes, the DDOC does provide office space, however it varies by facility where that space is located.

Section: III

Sub Section: D

Page number: 81-82

Text of passage being questioned: “The Vendor will be responsible for providing a comprehensive sex offender programming at all facilities (Level V and Level IV) that is compliant with the State of Delaware’s Sex Offender Monitoring Board (SOMB) standards <http://somb.dshs.delaware.gov>....”

Question: Please provide the number of offenders currently enrolled in sex offender treatment programming at each Level V and Level IV facility. Please provide the number of initial evaluations and written evaluations completed for sex offenders in 2019.

Answer: Refer to Appendix M – Sex Offender Treatment Services Report Data available at http://bids.delaware.gov/bids_detail.asp?i=6094&DOT=N

Section: III

Sub Section: D

Page number: 83

Text of passage being questioned: “Beginning 7/1/2021, the selected Vendor will provide sex offender evaluations and implement comprehensive sex offender group treatment for individuals under community supervision...It is anticipated that services will be required for approximately 450 offenders statewide.”

Question: How would the DDOC prefer bidders complete Appendix G to show the staffing that will be required to meet this service? Should these staff members be assigned to a Level V or Level IV facility?

Answer: Sex offender staffs are assigned to Level IV; Bidder will include sex offender position(s) for each facility.

Question: On average, how many sex offenders are added to the community supervision program each month?

Answer: On average, 71 new sex offender supervision cases are added to community supervision each month.

Question: Approximately what proportion of these community supervision offenders have already undergone a comprehensive sex offender evaluation while incarcerated with the DDOC?

Answer: While not all sex offenders under community supervision have been incarcerated, the expectation should be that the majority of those offenders would have been at some time and received an evaluation during that time. In 2018, there were 1,343 sex offenders in DOC custody/under supervision. Of those 1,343, 39% were at either a Level V facility or a Level IV work release facility, with almost or all receiving an evaluation while there. If an assessment was completed while incarcerated there may be a need for a new assessment while on community supervision depending on the timeframe and acute factors.

Question: Please describe any forensic duties or court involvement that staff may have in the role of conducting sex offender evaluations.

Answer: Reports written by staff as part of the sex offender treatment component are often cited and included during violation of probation court hearings; contractual staff are very rarely, if ever, expected to participate in court hearings or forensic duties.

Section: III

Sub Section: D

Page number: 84

Text of passage being questioned: “The DDOC is expecting the selected Vendor to follow the Guiding Principles provided by the Sexual Offender Management Board established by legislation in July 2007 <http://somb.dshs.delaware.gov>. The DDOC is expecting the Vendor’s program to meet the Standards of Practice for Treatment Providers as outlined by the Board. Because this specific service will not be initiated until 7/1/21, the Vendor should submit a separate budget for the annual operation of the services outlined with this specific section of the RFP.”

Question: Can another reference be provided so that vendors may understand the assessment and treatment requirements to properly staff these programs?

Answer: The “Guiding Principles” were retired. The “Standards of Practice for Treatment Providers” can be found at <https://www.atsa.com/>.

Question: Shall Appendix H be used for submission of the separate budget for the sex offender evaluation and treatment program?

Answer: Yes.

Section: III

Sub Section: D:2

Page number: 85

Text of passage being questioned: “T4C is currently being provided by another Provider under contract with DDOC. That contract expires 2/14/2021.”

Question: Please identify the current provider of T4C.

Answer: Gateway Foundation Inc.

Question: Please provide a copy of the T4C contract.

Answer: Contract documents are available at http://contracts.delaware.gov/contracts_detail.asp?i=5321

Question: Please clarify the facilities where T4C is provided and the number of FTEs currently required to provide the program.

Answer: The DDOC presently provides T4C at all Level V facilities by Gateway Foundation and Level IV. The current contract is effective till 2/14/2021.

Question: How would the DDOC prefer bidders complete Appendix G to show the staffing that will be required to meet this service?

Answer: Vendors should include positions to provide CBT (T4C) services within Appendix G – Staffing Plan to be effective when the contract with Gateway Foundation expires.

Section: III

Sub Section: D:3:2

Page number: 86

Text of passage being questioned: "...C2C takes place on the weekends at the following community corrections centers: HDP, SCCC and MCCC...During the weekend, the Vendor is expected to deliver four sessions of CBT using the Texas Christian University Curriculum..."

Question: Please confirm that four sessions of CBT are required each weekend at each of the three community corrections centers (for a total of 12 sessions each weekend), rather than a total of four sessions each weekend when aggregated across the three sites.

Answer: It is a total of four sessions each weekend at each facility.

Question: Please indicate how many offenders, on average, can be expected to attend these weekend CBT sessions at HDP, at SCCC, and at MCCC. For staffing purposes, it would be helpful to receive this information by facility.

Answer: This number fluctuates, but the expected capacity is up to 15 at each facility.

Question: Please confirm that HDP, SCCC, and MCCC are the only locations where the successful bidder will be required to provide the TCU session called, Getting Motivated to Change.

Answer: This is currently provided at SCCC, HDP, and MCCC. Department expects to add one additional location at PCCC

Question: Examination of RFP Appendix F in solicitation DOC20026-Healthcare shows a total of 226 C2C intakes at CVOP between February and November 2019. Is the weekend C2C or the CBT program based on the TCU curriculum no longer provided at CVOP?

Answer: It is no longer provided at CVOP. This has now moved to MCCC.

Question: Examination of RFP Appendix F in solicitation DOC20026-Healthcare shows on two C2C intakes at SCCC between February and November 2019. Has this volume increased since then?

Answer: No.

Section: III

Sub Section: D

Page number: 87

Text of passage being questioned: "The Vendor will be responsible for providing programming based on 21 Del. C. § 4177(d)(9) for individuals incarcerated for DUI. Programming shall include intensive treatment, group processes and drug and alcohol programming. The DDOC is seeking a Vendor with proven expertise in facilitating a specifically designated DUI program..... "

Question: Please provide a detailed description of the current DUI treatment program, including curricula, groups, and programming.

Answer: The Vendor's proposal shall determine the structure, curricula and programming for DUI treatment.

Question: Are DUI services a residential treatment program in that all DUI participants reside in the same, separate housing unit at SCI and BWCI?

Answer: Yes.

Question: How many hours of programming are required each week?

Answer: This is determined by the Vendor based upon their proposed evidenced-based curriculum.

Question: Are all participants available during weekdays for programming or are some only available on evenings or weekends?

Answer: No, some are available only on evenings and weekends.

Question: How long has the DUI program been in place at the DDOC?

Answer: The women's DUI program at BWCI began in 2015. The men's DUI program began in 2014.

Question: Are there any outcome data available for this service?

Answer: No.

Section: III

Sub Section: F

Page number: 88

Text of passage being questioned: "The DDOC requires personnel who will provide adequate levels of coverage and care in each facility. As noted earlier, it is not recommended to have shared personnel between facility levels. However, if the Respondent proposes shared staffing, they must present a detailed plan outlining how staff will be shared, offender-to-staff ratios to be maintained and immediate coverage when staff is not present. The DDOC expects the successful Respondent to demonstrate in writing how they have maintained staff retention in other correctional settings with a demonstrated record of open communication lines between correctional and treatment personnel and how they maintained of communication between executive correctional and treatment leadership. The Respondent is expected to describe their formula for determining staff retention rates. The proposed formula is subject to approval by BHSAMH. "

Question: Average hourly/salaried compensation rates and length of service for job title of the current incumbents

Answer: This information resides with the incumbent Vendor.

Question: Shift differentials (by job title/shift – evening, night, weekend day, weekend evening, weekend night) for all current staff

Answer: This information resides with the incumbent Vendor.

Question: Required positions for backfill along with the assumed hours for Vacation/PTO, Holiday, Training, Orientation; and

Answer: This information resides with the incumbent Vendor.

Question: Open vacancies in BH.

Answer: This information resides with the incumbent Vendor.

Section: III

Sub Section: F

Page number: 89-91

Text of passage being questioned: "Clinical staff will participate in a peer review program administered by BHSAMH. The Vendor's administrative team will participate in ensuring that clinical staff move forward on any corrective action plan developed to correct deficiencies identified by the peer review process, random or scheduled audits or other processes.

Pg. 91: DOC Policy C-02 Clinical Performance Enhancement requires that the behavioral healthcare provider have a periodic peer review process."

Question: Is it the expectation that two separate peer review programs occur for healthcare staff (i.e. one administered by BHSAMH and another by the vendor)? Are the results of all peer reviews completed by the vendor to be submitted to BHSAMH for review?

Answer: Yes.

Section: III

Sub Section: F

Page number: 91

Text of passage being questioned: "For Level 5 facilities, the Vendor is required to have clinical staff on site 24 hours per day, 7 days per week to provide behavioral health services including behavioral health intake screening and comprehensive behavioral health assessment, crisis management and responding to sick calls submitted by incarcerated individuals."

Question: Please provide a current staffing matrix per facility for all Behavioral Health and Psychiatry staff.

Answer: Vendors are responsible to research and determine this information as part of developing its proposal.

Section: III

Sub Section: F

Page number: 91-92

Text of passage being questioned: "The RFP requires mental health staff on site 24 hours a day, 7 days a week at Level V facilities and mental health staff on site 12 hours a day, 7 days a week, from 8 am to 8 pm, at Level IV facilities."

Question: Does the DDOC have work hour requirements for substance use disorder treatment staff that parallel those for mental health professionals? If so, please provide.

Answer: Offenders should participate in 35-50 hours of structured activity per week in accordance with CPC (University of Cincinnati Corrections Institute-Correctional Program Checklist) version 2.1. Programming shall occur seven days a week. The vendors SUD staff should be flexible and available seven days a week to meet program needs.

Question: Have there been any significant mission or population changes or facility closings since the population data included in the RFP, from September 9, 2019, was gathered? If so, please describe and clarify whether bidders should take these changes into account when developing staffing solutions.

Answer: No.

Section: III

Sub Section: G

Page number: 93

Text of passage being questioned: "The Vendor will be expected to implement a discharge planning case management system pursuant to DDOC Policy which reflects the BHSAMH mission, and is established on well-defined operating principles, clear discharge service objectives, site specific-written policies and procedures, performance standards and measurements that guide discharge and reentry activities for chronic care, behavioral health and high risk special needs. The successful Respondent must adhere to the following service requirements: ...

d. Assist clients' acquisition of an acceptable form of identification (ID card, etc.); ...

j. Make a referral or schedule post discharge housing placement (emergency, transitional or permanent); ...

p. Arrange for transportation to post release treatment facility..."

Question: Please confirm that the behavioral health contractor staff are responsible for the following: Assisting clients in acquiring an acceptable form of identification prior to release, Arranging post-release housing, Arranging post-release transportation to a treatment facility?

Answer: Yes, to all three questions.

Question: Should the Vendor's budget include costs for transportation to a post release treatment facility?

Answer: No.

Section: IV

Page number: 96

Text of passage being questioned: "In compliance with all current and future (DDOC) policies, procedures, directives, rules, interim memos, intergovernmental agreements and guidance documents."

Question: Is the State currently bound by any consent decrees at the facilities that would affect the provision of behavioral health care services? If so, please provide a copy of the decree(s).

Answer: Refer to [CLASI v. Coupe, C.A. No. 15-688 \(D. Del. Sept. 1, 2016\)](#)

Question: Is the State currently, or anticipated to be, under investigation, audit, or review by any federal, State or local governmental authority or regulatory agency for health care services provided?

Answer: Yes. DDOC is under investigation by US DOJ regarding ADA compliance specifically related to hearing-impaired offenders.

Question: Is any visit/audit/inspection currently scheduled or pending?

Answer: No.

Question: Is the State waiting for the results of any report from or any prior inspection/audit review?

Answer: No, the state is not waiting on results from any federal, state or local governmental authority or regulatory agency.

Question: Have any reports of audits or visits been issued or received in the last 24 to 36 months?

Answer: Yes.

Question: Will the State share such reports of audits or visits?"

Answer: Yes upon request.

Section: IV

Page number: 96

Text of passage being questioned: "As part of the CQI process, monitor compliance with DDOC policies, directives, rules, interim memos, MOUs, intergovernmental agreements, and guidance documents, and resolve discrepancies in collaboration with the DOC."

Question: What settlement agreements, directives, rules, interim memos, MOUs, intergovernmental agreements, and/or guidance documents are in effect that will impact the delivery of services by the awarded vendor? What are the awarded vendor's responsibilities related to the aforementioned items?

Answer: Refer to [CLASI v. Coupe, C.A. No. 15-688 \(D. Del. Sept. 1, 2016\)](#)

Question: What are the awarded vendor's responsibilities related to the aforementioned items?

Answer: The awarded vendor's responsibilities will be at the DDOC direction. The CLASI v. Coupe settlement agreement and order creates legal obligations for the DDOC. Consistent with the behavioral health services RFP, contract No. DOC20025-BHVRHEALTH, the Vendor will provide qualified mental health professionals who will complete the Disciplinary Mental Health Assessment Form, Attachment #2 to the CLASI settlement agreement and order, and comply with all policies the DDOC issues to carry out the settlement agreement and order.

Section: IV

Page number: 96

Text of passage being questioned: “The CQI program shall monitor and study all major service areas. These major services areas include but not be limited to:”

Question: Behavioral Health Screening during the Intake Processing

During the walk through, behavioral health staff was not in booking & receiving areas; is the intention to have B&R staffed by BH staff for the purpose of conducting the MH Screening during the intake process?

Answer: Yes.

Question: Policy E-05 Mental Health Screening and Evaluation states that the intake will be completed in accordance with Policy E-02 Intake Screening which states: “G. Behavioral Health Screen 1. The nurse shall complete the Behavioral Health Screen upon completion of the Oral toxicology swab and breathalyzer.” Will the awarded vendor be responsible for the behavioral health screen during intake or will the medical care vendor be responsible?

Answer: Both will be responsible.

Question: If the intake process will be split between the two vendors’ staff, will the EHR allow multiple staff members to complete the intake process or will it have to completed under one logged-in credential?

Answer: Yes multiple staff members.

Section: V

Page number: 97

Text of passage being questioned: “The Vendor will be required to offer as much care on-site as clinically possible to utilize budgeted dollars prudently. Providing service out of the facilities requires DDOC to incur additional security costs, and generally increases security risks. The BHSAMH encourages proposals that augment on-site services with telemedicine, telepsychiatry and electronic or “e” consults to manage budgeted dollars and best serve the offender population. Although not required, the Vendor may consider the use of clinical internships through affiliations with professional organizations in order to promote future workforce and better serve the offender population. As such, any proposal to include clinical internships must be done within the current budget allocation and the Vendor will be responsible for all supervision and associated costs.”

Question: If vendor is responsible for telemedicine equipment, will the telemedicine system be allowed to reside on the DDOC network?

Answer: No.

Question: Please provide an inventory of all existing telemedicine equipment, to include manufacturer, model, and software.

Answer: DDOC provides laptops and webcams on-site for telemedicine. The contracted Vendor is responsible to provide telemedicine equipment outside of a DDOC facility.

Question: If vendor is responsible for replacement and/or maintenance of telemedicine equipment, what is the approval process for requisition of new hardware/software?

Answer: Equipment in the facility is the responsibility of the DDOC and will be repaired/replaced if needed. Equipment outside the facility is the responsibility of the Vendor.

Question: What are the expectations for vendor's implementing a private network vs. leveraging the DDOC network?

Answer: Vendors must use DDOC Network.

Question: If the DDOC's network is insufficient to meet the bandwidth needs for a modern telehealth program, will the DDOC be responsible for increasing available bandwidth?

Answer: The phrase modern telehealth program is subject to interpretation and DDOC cannot answer this question.

Section: V

Page number: 98

Text of passage being questioned: "The Vendor is required to outline individualized pricing information to each of the following areas: Mental Health Services, Substance Use Services, Short term Cognitive Behavioral Therapy, Sex Offender Treatment, and Juvenile Offenders"

Question: Please provide the level of detail desired and the format preferred for providing this individualized pricing. The pricing sheets do not reflect cost categories relating to these areas.

Answer: The Vendor may add, but not reformat, additional rows to Appendix H budget template to reflect cost for each service.

Appendix C-Key/Crest Redesign: DCRC Context

Page number: 98

Text of passage being questioned: "DOC's current efforts to improve reentry are the result of a strategic framework borne out of the past year's work under the National Criminal Justice Reform Project; an Arnold Foundation funded initiative in partnership with the NGA and NCJ."

Question: Which vendor/contractor positions are currently grant funded? What is the amount of said grant funding per each position? When does said grant funding expire? Should grant funded positions be included in the proposed staffing plan and considered toward the total proposal price?

Answer: These questions are not relevant to a prospective Vendor's ability to submit a proposal response for this RFP.

Appendix E-Key/Crest Overview:

Page number: 108

Text of passage being questioned: “Program Staffing: Program Director, Administrative Assistant, Clinical Supervisor, and Counselors (allocated by program capacity determined by RFP).”

Question: Please clarify whether the program staffing identified above are included in the Appendix G - Staffing Plan Template. If not, please provide a revised Appendix G to reflect all RFP required positions.

Answer: Vendor shall add rows to Appendix G for these positions.

Appendix F-Security Clearance Application Form

Section: V

Page number: 98

Text of passage being questioned: “This is a sample schedule and not suggestive of a staffing plan for any site.”

Question: Please provide the incumbent’s current staffing plan to allow bidders a competitive and accurate staffing plan.

Answer: This information resides with the incumbent vendor. Vendor is responsible to research and determine this information as part of developing its proposal.

Appendix G-Staffing Plan Template

Question: What is the anticipated average daily census of CVOP?

Answer: 250.

Question: Will there be a contract amendment when CVOP is re-opened?

Answer: Yes.

Question: Should the bidder submit a proposed staffing plan in Appendix G with this bid proposal for CVOP or wait for an amendment?

Answer: No, the staffing plan for CVOP will be determined as part of the contract amendment.

Question: If yes, what happens at contract start with staff and resources for CVOP?

Answer: N/A

Appendix H- Budget Template

Page number: 111

Text of passage being questioned: “Vendors shall complete and submit Appendix H – Budget Template as its price proposal as identified in Appendix B, Section V. Price proposal shall be submitted as a separate document as one (1) paper copy and one (1) electronic copy.”

Question: On the Budget price form, may line items be added or changed? May expense categories be added or changed?

Answer: Yes, the Vendor may add rows to the spreadsheet for expense categories, but should not change the formatting.

Question: Please define OEC's

Answer: OECs are Other Employment Costs.